87 Nepperhan Ave Room 212 Yonkers, NY 10701

CITY OF YONKERS STORAGE WAREHOUSE LICENSE APPLICATION

Phone: 914-377-3000 Fax: 914-377-6811 Website: www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

- 1. Application and Police Department Affidavit must be signed by the applicant before a Notary Public.
- If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk (995-2000) of Westchester County must be provided. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
- 3. Application must be submitted with a \$10,000 License/Permit Bond, executed by a duly authorized Surety Company, and made payable to the City of Yonkers.
- 4. Applicant must return all required documents to the Office of Licensing/Consumer Protection, who shall forward application to the Yonkers Fire Department and Department of Housing and Building.
- 5. Applicant, if individual, must provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
- 6. Application must be submitted with a copy of each establishment's rental agreement.
- 7. Please make checks payable to the City of Yonkers.

LICENSING FEES AND EXPIRATION DATE

A non-refundable application fee of \$25, plus \$590.00 for the first warehouse and \$300.00 for each additional warehouse. License expires December 31st, following date of issuance.

INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS					
NAME	ADDRESS	SOCIAL SECURITY #	PHONE #		
License #:		Date Issued:			

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Owners Name:			Social Secu	rity #:	
Address:					
City:		State:	Zi	p:	
Home Phone #:		Cell #:	E-ı	mail:	
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:	
Are you a citizen of the Ur	nited States	?			
If not, please provide a co	py of your l	NS A Card an	d #:		
Name of Business (if inco	rporation, p	lease state):			
Address:			State:	Zip:	
Telephone:			E-mail:		
Have you ever been arres	ted or conv	victed of a crim	e?		
If yes, explain:					
Total musels an af usage bases		·			
Total number of warehous	ses at locati	ion:			
Is property owned or lease	ed by applic	cant?			
If leased, give name(s) an	d addresse	es of owner(s):			
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I,, the foregoing application are true.	being duly sworn, deposes and says that all of the answers in
Signature/Date:	Print name:
Notary Public	



City of Yonkers POLICE DEPARTMENT

POLICE DEPARTMENT 104 South Broadway Yonkers, New York 10701 377-7235

STATE OF NEW YORK)	aa
COUNTY OF WESTCHESTER) CITY OF YONKERS)	SS:
Ι,	
	at I amyears of age, being born on the
day of, 19	, in the City/Town/Village of
	, in the State of
I presently reside at	
in the City/Town/Village	
	, with my
I am presently employed as a	·
by	
I do hereby solemnly swear und	der oath that I have never been arrested or convicted of
any crime, anywhere or at any time.	
I make this statement with full	knowledge that if same is not the truth, I will be liable
to the criminal charge of perjury for gi	ving false information.
	Signed:
	Witness:
	Witness:
SUBSCRIBED AND SWORN TO BE	
THISDAY OF	_, 20